

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023820

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179

Primary Registration District No. 5673

Registrar's No. 89

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6570

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monroe Twp.</b>		Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>Old Monroe</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Farm Residence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Residence</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Bernard Dreisewerd</b>		4. DATE OF DEATH Month Day Year <b>June 17, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/14/76</b>
9. AGE (last birthday) <b>85</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Peter Dreisewerd</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna Nabor</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Gnade Dreisewerd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mary G. Dreisewerd, Old Monroe Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident (Stroke)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>generalized Arteriosclerosis</b> DUE TO (c) <b>Pauling</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>3/10/60 to 6/17/62</b>		
21. I attended the deceased from <b>3/10/60</b> to <b>6/17/62</b> and last saw him alive on <b>6/17/62</b> Death occurred at <b>6:45 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>Troy, Missouri</b>	
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	22c. DATE SIGNED <b>6/18/62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	23b. DATE <b>6/20/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Concept. Cem. Old Monroe Mo.</b>	
24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-18-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph J. Marsh Sr.*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.